

**APPLICATION FOR ZONING CERTIFICATE OF COMPLIANCE  
(Pursuant for section 1441-07)**

PLEASE PRINT NAMES AND ADDRESSES

SUBJECT PROPERTY STREET  
ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ (ZIP CODE) \_\_\_\_\_

AUDITOR'S BOOK, PAGE AND PARCEL (S) \_\_\_\_\_

IF THIS IS A LOCATION WITH SEVERAL BUILDINGS OR UNITS ON ONE OR MORE STREETS AND  
/OR

SEVERAL ADDRESSES: YOU MUST LIST EACH SEPARATELY ON THE BACK OF THIS SHEET

NOTE: PROPERTIES MUST BE CONTIGUOUS TO EACH OTHER

NAME OF OWNER \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

APPLICANT'S STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ APPLICANT'S PHONE NUMBER \_\_\_\_\_

USE OF PROPERTY (PLEASE PROVIDE EXPLICIT DETAILS REGARDING THE USE OF THIS PROPERTY):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ZONING INFORMATION REQUESTED: (PLEASE CHECK ONE)**

- ☐ Zoning review for compliance with the use regulations of the zoning code.  
☐ Complete zoning review for use and open space (yards, building heights, etc.) If this is your request, you need to submit a complete as-built survey.

**SUBMIT ALL REQUIRED MATERIALS IN TRIPLICATE!**

A check for \$105.00 must be included with the application. (Payable to City of Cincinnati)

PLEASE NOTE: CERTIFICATE OF COMPLIANCE MAY TAKE 10 WORKING DAYS OR MORE FOR RECEIPT BY APPLICANT.

(APPLICANT'S SIGNATURE) \_\_\_\_\_

**SUBJECT PROPERTY STREET ADDRESS**

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